

# WA PUBLIC HEALTH SYSTEM MONTHLY UPDATE

**February 2026**



The Washington State Department of Health (DOH) works diligently with Local and Tribal Health Jurisdictions to improve the health and well-being of Washington residents. The WA State Public Health System Monthly Update provides an overview of the key health issues impacting Washington state, and the progress we are making in addressing them.



**Questions about the  
WA State Public Health  
System Monthly  
Update?**

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**Immigration  
Enforcement-  
Related Fear**



**Stable Funding  
for Public  
Health**



**Sexual &  
Reproductive  
Health in WA**



**New WA  
Resource for  
Health  
Workforce  
Planning**



# Public Health Impacts of Immigration Enforcement-Related Fear

**Safety is a fundamental precondition for health. When individuals and families fear detention or surveillance - whether based on lived experience or circulating rumors - they may avoid schools, clinics, and public health outreach.**

Fear disproportionately affects immigrant communities and many communities of color, compounding longstanding barriers such as language access challenges, transportation limitations, and insurance coverage gaps. These dynamics can widen health disparities and reduce the impact of federal prevention funding in communities facing the greatest need.

The “chilling effect” of current immigration enforcement practices shifts care away from prevention and early intervention toward more severe, costly, and avoidable health outcomes. These patterns carry implications for federally supported public health programs, health system capacity, and the overall effectiveness of prevention investments.

Additionally, when individuals avoid health systems and public health programs, surveillance and outbreak response can be compromised. Under-detection, delayed reporting, and reduced contact tracing capacity can affect the effectiveness of federally funded disease control efforts.

Partners across states (including insights shared by colleagues in Minnesota) are observing consistent community-level impacts that resonate with experiences reported in Washington.

- **Schools.** In Seattle, Seattle Public Schools reported that unconfirmed rumors of nearby immigration enforcement activity prompted shelter-in-place actions at multiple schools and led to significant student absences the following day. The district is updating protocols to respond more effectively to both confirmed activity and rumor-driven disruptions.
- **Health care utilization.** Peer-reviewed research has documented measurable changes in care-seeking behavior following high-profile enforcement activity, including reductions in completed primary care visits among populations with high proportions of undocumented patients, alongside signals of increased pediatric emergency department use.
- **Provider-facing guidance.** National organizations including Physicians for Human Rights and the National Immigration Law Center provide guidance to health care institutions on legal and privacy considerations, preparedness planning, and communication strategies to help ensure patients continue to access care safely.
- **Provider perspectives.** Clinicians have described both psychological and physical health impacts among patients associated with enforcement activity, including missed appointments due to fear of being stopped while traveling to care.

15.4% of Washingtonians were foreign-born, according to estimates from the U.S. Census Bureau. Migration Policy Institute estimates 30.5% of children in Washington have one or more foreign-born parents.

Federal public health programs rely on trust, access, and consistent participation to function

effectively. When fear disrupts engagement with schools, health care providers, and community-based services, it can undermine prevention goals, increase downstream health care costs, and weaken data systems that inform national response efforts. Ensuring that federally supported health services remain accessible and trusted is essential to maintaining community health, controlling disease, and maximizing the return on federal public health investments.

In September of 2025, Governor Ferguson signed [EO 25-09](#) which reinforces Washington’s legal and policy framework for protecting immigrant communities and **bolsters conditions that support public health goals** by promoting data privacy, interagency coordination, and community engagement — all of which can reduce fear-driven avoidance of care, improve access to preventative services, and strengthen trust in health systems.



## Federal Grant Stability and Public Health Infrastructure

**Stable and predictable federal funding is essential to sustaining the public health workforce, systems, and partnerships that support community health. DOH plans multi-year infrastructure and service improvements around federal grant commitments.**

Even brief funding pauses or termination notices—particularly when unexpected—can trigger immediate operational disruptions, including layoffs, contract interruptions, and delays to modernization efforts.

Recent developments involving major federal public health and behavioral health grants underscore the importance of funding continuity and clear oversight mechanisms.

- **Public Health Infrastructure Grant (PHIG) Situation Update:** Administered by the CDC, the Public Health Infrastructure Grant (PHIG) is a five-year investment (December 1, 2022 – November 30, 2027) designed to strengthen workforce capacity, data modernization, and foundational public health systems nationwide. The program supports more than 100 state, local, and territorial health departments, along with national partners, and has distributed over \$5 billion in funding as of December 2025.

On January 24, 2026, PHIG recipients nationwide reported that funding had been paused “to ensure alignment with administration and agency priorities.” The US Department of Health and Human Services later confirmed that the pause had been lifted. Based on internal DOH estimates, a sustained interruption could have affected approximately 70 positions supported through PHIG-related work plans, with additional ripple effects for local health jurisdictions and Tribal partners. Because PHIG supports foundational infrastructure—such as workforce recruitment, data systems, and cross-jurisdictional coordination—even short disruptions can slow long-term modernization efforts.

- **SAMHSA Discretionary Grants Situation Update:** In mid-January 2026, the Substance Abuse and Mental Health Services Administration issued termination notices affecting roughly 2,000 discretionary grants nationwide - estimated at approximately \$2 billion in funding. The decision was reversed within about 24 hours following bipartisan concern and widespread operational disruption among grantees.

Even brief termination notices can create immediate instability across service networks. Programs supporting mental health treatment, substance use disorder services, homelessness response, suicide prevention, and workforce development often depend on continuous funding to maintain staffing, training schedules, and service availability. Temporary interruptions can delay care, disrupt provider networks, and create uncertainty for vulnerable populations who rely on consistent services.

## Congressional Oversight and Appropriations Guardrails

Congressional appropriations language provides an important oversight mechanism for federal grant administration. The final FY26 Labor-Health and Human Services-Education (LHHS) appropriations text included a provision requiring written notification to the US House Committee on Appropriations and US Senate Committee on Appropriations at least 30 days in advance—and prior written approval—before agencies reprogram funding beyond established thresholds.

These types of guardrails should help strengthen transparency, provide advance notice to Congress, and help reduce sudden funding disruptions that affect state and local implementation.

DOH is committed to providing transparent, state-level accounting of workforce and program impacts when federal funding interruptions occur. We will also provide timely written updates when funding is restored to ensure Washington’s Congressional Delegation has clear visibility into operational conditions on the ground.



## Reproductive Rights and Sexual & Reproductive Health (SRH) in Washington

**Washington continues to maintain a robust, publicly supported sexual and reproductive health (SRH) system that provides essential preventive and clinical services statewide.**

These services play a critical role in advancing health justice, improving maternal and infant outcomes, and reducing long-term health care costs.

### Impact of Publicly Supported SRH Services

SRH services delivered across Washington’s provider network generated significant health and fiscal benefits in 2024. Services are estimated to have **prevented 16,140 unintended pregnancies and 5,460 abortions**, resulting in **net health care cost savings of \$86.1 million**. These outcomes reflect the value of sustained public investment in preventive care, contraception access, and reproductive health services.

Washington’s SRH Network—administered by DOH’s SRH Program — includes contracted subrecipients across the state. The network extends beyond the federally funded Title X Family Planning Program through competitive procurement when data identify underserved areas and resources are available. This structure allows the state to strategically target geographic and population-level access gaps.

In 2024, the Washington SRH Network served 84,740 clients, including 71,938 females of reproductive age (15–44).

DOH continues to implement measures to preserve access to reproductive health services amid federal policy uncertainty, including medication abortion stockpile management. The state and partner health systems continue to manage medication abortion stockpiles and distribution pathways. Some misoprostol doses are expected to expire in early 2026. UW Medicine has reported distributing its mifepristone stockpile to clinical partners.

State lawmakers are advancing policy approaches to stabilize reproductive health access:

- **SB 6182 (2025–26)** would establish an Abortion Savings Program supported by an assessment on health carriers, with grants intended to maintain access to direct patient abortion clinical care services.
- **HB 2182 / SB 5917** would clarify state authority to efficiently deploy medication abortion stockpiles in response to federal uncertainty.

As policymakers consider alternative approaches to sustaining reproductive health services, Washington’s existing SRH Network offers an operational framework built on established clinical, fiscal, and reporting standards. Key policy and implementation considerations include:

- Whether grant programs should prioritize geographic access gaps identified through SRH utilization and demographic data.
- Data-sharing and reporting requirements that protect patient privacy and safety while supporting accountability.
- Alignment of state investments with existing provider infrastructure to ensure continuity of care.

Washington continues to monitor federal developments and evaluate policy tools that support continuity of care, access to medications, and provider capacity. The state’s established SRH infrastructure (combined with ongoing legislative and programmatic efforts) positions Washington to respond to evolving federal conditions while maintaining access to essential reproductive health services statewide. DOH has not received the updated NOA for the Title X program.



## **Strengthening Health Workforce Planning Through Data: New Washington Resource**

**Ensuring a strong, sustainable health workforce remains a top priority for Washington. Workforce availability affects access to care, system capacity, and the long-term stability of health services in communities across the state.**

A newly published resource developed through collaboration between the Center for Health Workforce Studies and the University of Washington provides an important new tool to support data-informed workforce policy and planning.

The report—[\*Data Resources for Health Workforce Policy and Planning in Washington State\*](#)—is now

available through the University of Washington’s workforce data resources. It offers a comprehensive catalog of existing health workforce data sources and identifies opportunities to strengthen how workforce information is collected, analyzed, and shared.

Federal workforce investments—from training programs and graduate medical education to rural health initiatives and public health workforce funding—depend on reliable data to guide policy and resource allocation. Access to accurate, comprehensive workforce information helps state and federal leaders identify shortages, anticipate demand, and ensure that investments are aligned with community needs.

This report provides a foundational reference for policymakers and program administrators seeking to understand the data landscape in Washington and how existing information can support workforce planning decisions at both the state and federal levels.

The report identifies and catalogs **30 currently available health workforce data sources**, including:

- **10 Washington-based supply data sources**
- **9 national supply data sources**
- **4 Washington-based demand data sources**
- **7 national demand and related data sources**

These data are maintained across a range of entities—including state government agencies, private organizations, and federal data systems. Many were originally developed for administrative purposes, which can affect their completeness and accessibility for workforce planning.

## Key Findings

**Multiple data sources exist—but they are fragmented.** Washington has many datasets that can inform workforce planning, but variation in structure, purpose, and accessibility can limit how effectively they can be used together.

**Stakeholders identified clear priority workforce questions.**

For workforce supply, top priorities include:

- How many individuals in each licensed health profession hold active Washington licenses
- The percentage actively practicing in the state
- Practice settings and geographic distribution
- Workforce demographic characteristics

For workforce demand, stakeholders prioritized:

- Vacancy rates across occupations and care settings
- Number of health professionals employed in specific work environments
- Insurance coverage patterns across populations

- The extent to which providers accept patients' insurance

These priority questions can help guide future data collection and reporting efforts. For Washington, this report provides a roadmap for strengthening workforce data infrastructure and highlights areas where federal and state collaboration can enhance the evidence base for workforce policy decisions.

As workforce challenges continue to affect access to care nationwide, data-driven planning will remain essential. DOH will continue to work with research partners, health systems, and policymakers to improve data availability and transparency—ensuring that workforce strategies are informed by the best available evidence.



**DOH 820-338 February 2026**

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